

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION  
**REPORT OF ADDRESS CHANGE**

FOR DRA USE ONLY

PLEASE CHECK ONE TYPE FROM EACH COLUMN (A & B)

**A: ENTITY TYPE**

- ☐ Corporation      ☐ Combined Filer  
☐ Proprietorship      ☐ Fiduciary  
☐ Partnership      ☐ Non-Profit  
☐ Individuals (for Interest & Dividends filers only)

**B: TAX TYPE**

- ☐ Business Profits & Business Enterprise Tax  
☐ Interest & Dividends  
☐ Other Tax Type: \_\_\_\_\_

Not for use for Meals & Rentals Tax or Communications Services Tax.  
 Meals & Rentals Operators use Form CD-100.  
 Communications Services Tax use Form DP-144.

**PRIOR MAILING ADDRESS**

BUSINESS NAME
PROPRIETOR'S NAME or INDIVIDUAL NAME
NUMBER & STREET ADDRESS
ADDRESS (continued)
CITY/TOWN, STATE & ZIP CODE

**NEW MAILING ADDRESS**

BUSINESS NAME
PROPRIETOR'S NAME or INDIVIDUAL NAME
NUMBER & STREET ADDRESS
ADDRESS (continued)
CITY/TOWN, STATE & ZIP CODE

If signed by a corporate officer or fiduciary on behalf of the taxpayer, I certify that I have the authority to sign this address change on behalf of the taxpayer.

FOR DRA USE ONLY

**X**

SIGNATURE (IN INK)

DATE

**X**

TITLE

DATE

MAIL TO: NH DEPT OF REVENUE ADMINISTRATION  
 DOCUMENT PROCESSING DIVISION  
 PO BOX 637  
 CONCORD NH 03302-0637